MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO. 88395

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1*AMENDMENT		AFTER 2 MAMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	<u> </u>	4				
3	 					<u> </u>
5	 	-				
6	 					
7	 			 	,	
8						
9						
10	<u> </u>	1			_	
11	7	· - —		·		· ·
12 13	 	H				,
14	 	 	- 			
15	 -					
16				· ·		
17						
18						
19 20						
21	1					
22	 '					
.23			·			
24						
25						
26 27		-				
28						
29			:	·		
30	•	1				
31						
32						
33	 	-			·	
35		/				
36		/				
37						
38					· · · · · ·	
39		,				
40						
41						
43		-:				<u></u>
44						
45						
46						
47						
48 49						
50			<u> </u>	I]
TOTAL						
IND.	ا کا	▼		♣	[₩
TOTAL DEP.	33	((-)		4
TOTAL	20			NO. STATE	13	101 25 AV
CLAIMS .	28					

PTO- 1360 (REV. 11/04)

	AS FILED			TER ndment		AFTER 2 MENDMENT	
	IND.	DEP.	IND.	DEP.	IND.		
51							
52							
53			<u> </u>	<u> </u>		ļ	
54 55					<u> </u>		
56							
57				 	 	 	
58						┼──	
59				· ·		 	
60 .					· ·	1	
61							
62							
63							
64 65						ļ	
66				·		ļ	
67						 	
68						 	
69		,				 	
70							
71							
72							
73		,					
74							
75 · 76							
77						 	
78							
80							
81							
82							
83					<u> </u>		
84 85							
86							
87							
88			: -				
89							
90							
91							
92							
93		[.		·			
94							
95							
96 97							
98						•	
99							
100		 					
TOTAL							
IND. TOTAL		V		▼	·	•	
DEP.		-		-		-	
TOTAL CLAIMS			8				
	162	100 Tells (100 Tells (NOTES DE LA COMP	